

Do you and/or your child live in someone else’s home? Yes / No
If yes, your child could be eligible for McKinney-Vento Services.

IT IS VERY IMPORTANT THAT MULTIPLE STUDENT RECORDS ARE NOT GENERATED.

Was your child previously enrolled in any WV School (Y/N)? If yes, Name of County: _____

If yes, what was the Original Enrollment Date? ___/___/___ Name School Attended: _____

School: _____ Date: _____

Student Legal Name: _____ Sex: _____
(No nicknames, please) Last First Middle Other

Birthdate: ___/___/___ Birthplace: _____
mm dd yy City State

Class: _____ Social Security Number: ___/___/___

*Pre-School, FTE: P1, P2, P3, P4 (All PK programs, E1 (All early childhood collaborative)
OK, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12
Post Graduate = PG

Transfer from: _____
School City State

Home Phone: (304) _____ - _____ Unlisted? _____ (Y or N)

Year of Graduation: _____ Career Cluster: _____ Pathway: _____
K-34, 1st-33, 2nd-32, 3rd-31, 4th-30, 5th-29, 6th-28 BM: ET: FH: HE: HU: SN E: P: S:
7th-27, 8th-26, 9th-25, 10th-24, 11th-23, 12th-22 (Secondary Only)

Native Language: * _____
Print Other Not Shown

(Language Spoken in Home) _____
EN=English; SP=Spanish; FR=French; JA=Japanese
GR=German; IT=Italian; PO=Polish; AR=Arabic;
CA=Cambodian; CC=Chinese Cantonese; CM=Chinese Mandarin;
CR=Creole (French); HI=Hindi; HM=Hmong; KO=Korean;
LA=Laotian; NA=Navajo; PT=Portuguese; RU=Russian;
TA=Tagalog; TH=Thai; VT=Vietnamese; OT=Other

Ethnic Group: (Mark Both Questions Below)

- 1. Are you Hispanic? Yes / No
2. What is your race: (Choose one or more of the race categories)
_____ American Indian or Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander

Transportation: _____ BUS AM: _____ PM: _____
*01-Bus Student; 02-Non-Bus Student;

PRIMARY GUARDIAN (Specify: Father / Mother / Other) _____ (Call Order 1-2-3-4) _____

Name: (Last, First, Middle) _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ Ext: _____

Occupation: _____ Cell: (____) _____ - _____

E-Mail: _____ Other: (____) _____ - _____

SECONDARY GUARDIAN: (Specify: Father / Mother / Other) _____ (Call Order 1-2-3-4) _____

Name: (Last, First, Middle) _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____ Phones: Home: (____) _____ - _____ Unlisted? _____

Employer: _____ Work: (____) _____ - _____ Ext: _____

Occupation: _____ Cell: (____) _____ - _____

E-Mail: _____ Other: (____) _____ - _____

STUDENT DATA COLLECTION FORM

Emergency Contact(s): *Person(s) other than parent or guardian who could be contacted in case of emergency

Additional Contact: (Specify Relationship: _____)
Name: (Last, First, Middle) _____
Address: _____
Mailing Address: (If Different) _____
City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? ____
Employer: _____ Work: (____) ____ - _____ Ext: _____
Occupation: _____ Cell: (____) ____ - _____
E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Additional Contact: (Specify Relationship: _____)
Name: (Last, First, Middle) _____
Address: _____
Mailing Address: (If Different) _____
City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? ____
Employer: _____ Work: (____) ____ - _____ Ext: _____
Occupation: _____ Cell: (____) ____ - _____
E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Additional Contact: (Specify Relationship: _____)
Name: (Last, First, Middle) _____
Address: _____
Mailing Address: (If Different) _____
City, State, Zip: _____ Phones: Home: (____) ____ - _____ Unlisted? ____
Employer: _____ Work: (____) ____ - _____ Ext: _____
Occupation: _____ Cell: (____) ____ - _____
E-Mail: _____ Other: (____) ____ - _____ Ext: _____

Physician:

Name: _____
Address: _____
City, State, Zip: _____ Phones: (____) ____ - _____ Ext: _____

Special Instructions:

MEDICAL PROBLEMS

(Check All That Apply to Your Child)

- 1. Congenital Heart – TYPE _____
- 2. Hemophilia _____
- 3. Hypertension _____
- 4. Leukemia _____
- 5. Cerebral Palsy _____
- 6. Epilepsy / Seizures / Last Seizure _____
- 7. Hydrocephalic _____
- 8. Migraine Headaches _____
- 9. Multiple Sclerosis _____
- 10. Hyperactive –ADHD _____
- 11. Hives _____
- 12. Eczema / Psoriasis _____
- 13. Lymes Disease _____
- 14. Diabetes _____
- 15. Hypoglycemia _____
- 16. Hyperthyroidism _____
- 17. Hypothyroidism _____
- 18. Diagnosed Visual Impairment _____
- 19. Diagnosed Hearing Impairment _____
- 20. Anorexia _____
- 21. Bulimia _____
- 22. Crohn’s Disease _____
- 23. Ulcers _____
- 24. Celiac Disease _____
- 25. Pancreatis _____
- 26. Colitis _____
- 27. Diagnosed Behavioral Disorder _____
- 28. Autism _____
- 29. Down’s Syndrome _____
- 30. Tourette’s Syndrome _____
- 31. Dwarfism _____
- 32. Amputation (Missing Limbs) _____
- 33. Juvenile Rheumatoid Arthritis _____
- 34. Congenital Hip _____
- 35. Lordosis, Kyphosis, Scoliosis _____
- 36. Muscular Dystropy _____
- 37. Spina Bifidia _____
- 38. Chronic Substance Abuse _____
- 39. Asthma _____
- 40. Mononucleosis _____
- 41. Anaphylactic Reaction _____
- 42. Chronic Bronchitis _____
- 43. Cystic Fibrosis _____
- 44. Renal Disease _____
- 45. Bladder Incontinence _____
- 46. Wears Prosthesis _____
- 47. Diagnosed Orthopedic Impairment _____
- 48. Allergies _____
- 49. Limited Activities Due to Physical Defects _____
- 50. Other _____

Activity: _____ Limited _____ Unlimited

Glasses _____ Contacts _____ Surgery _____
Type _____ Hearing Aid _____

Tobacco _____ Alcohol _____ Drugs _____
Severe _____ Mild _____

Severe Due to Bee Sting Which Requires Injection _____

Type _____
Type _____ Crutches / Braces
Seasonal _____ Food _____ Medicine _____ Other _____
Type _____

ANY ILLNESS THAT IS CHECKED, WRITE THE NUMBER AND ANY MEDICATION THAT IS PRESCRIBED AS WELL AS THE DOCTOR WHO IS TREATING THE CHILD. (Example: #39 Asthma – Preventil Inhaler – Every 6 hours as needed – Dr. Adkins)

_____ Yes, I give permission for information stated on this form to be released to school personnel.

_____ No, I do not give permission for information stated on this form to be released to school personnel.

Parent/Guardian Signature